

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Narragansett Bay PAC

ADDRESS (number and street)

P.O. Box 8628

☐Check if different
than previously
reported. (ACC)

Cranston

RI

02920

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00403592

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Elizabeth R. Young

Signature of Treasurer

Electronically Filed by Elizabeth R. Young

Date

07

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name
Narragansett Bay PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2009 | 53473.34 |
| (b) Cash on Hand at Beginning of Reporting Period | 53473.34 | |
| (c) Total Receipts (from Line 19) | 4100.00 | 4100.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 57573.34 | 57573.34 |
| 7. Total Disbursements (from Line 31) | 46339.95 | 46339.95 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 11233.39 | 11233.39 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

Narragansett Bay PAC

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 4100.00 | 4100.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 4100.00 | 4100.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 4100.00 | 4100.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4100.00 | 4100.00 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 14

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 10339.95 | 10339.95 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 10339.95 | 10339.95 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 36000.00 | 36000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 46339.95 | 46339.95 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 46339.95 | 46339.95 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 4100.00 | 4100.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4100.00 | 4100.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 10339.95 | 10339.95 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 10339.95 | 10339.95 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 Narragansett Bay PAC

A.

Full Name (Last, First, Middle Initial)
 ASFT, Inc. PAC

Mailing Address 295 WEST CROSSVILLE ROAD BLDG 200

City State Zip Code
 ROSWELL GA 30075

FEC ID number of contributing
federal political committee.

C C00428680

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

Transaction ID: C5511015

Amount of Each Receipt this Period

3100.00

B.

Full Name (Last, First, Middle Initial)
 Caremark RX Inc. Employees PAC

Mailing Address 2211 Sanders Road 10th Floor

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C C00384818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 9

Transaction ID: C5511014

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

4100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|-----|-------------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Elizabeth R. Young | | | Transaction ID: D308721 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 9 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | 0 | 1 | | 1 | 9 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | |
| | Mailing Address 40 Waquoit Landing Rd. | | | | | | | | | | | | | | | | | | | | | | | | |
| | City East Falmouth | State MA | Zip Code 02536 | Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table> | | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Treasurer Administration | | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | | 001 | Category/ Type | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Elizabeth R. Young | | | Transaction ID: D308722 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 5 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | 0 | 2 | | 2 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | |
| | Mailing Address 40 Waquoit Landing Rd. | | | | | | | | | | | | | | | | | | | | | | | | |
| | City East Falmouth | State MA | Zip Code 02536 | Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table> | | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Treasurer Administration | | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | | 001 | Category/ Type | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Elizabeth R. Young | | | Transaction ID: D308725 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 0 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | 0 | 3 | | 3 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | |
| | Mailing Address 40 Waquoit Landing Rd. | | | | | | | | | | | | | | | | | | | | | | | | |
| | City East Falmouth | State MA | Zip Code 02536 | Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table> | | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Treasurer Administration | | Candidate Name | <table border="1"><tr><td>001</td></tr><tr><td>Category/ Type</td></tr></table> | | 001 | Category/ Type | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3000.00 |
|---------|

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

| | | | | | | | | | |
|---|---|----------------------------------|---|---|------------------|----------------------------------|----------------|--|--|
| A. Full Name (Last, First, Middle Initial) Elizabeth R. Young | Transaction ID: D308727 Date of Disbursement | | | | | | | | |
| Mailing Address 40 Waquoit Landing Rd. | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 9</div> </div> | | | | | | | | |
| <table border="1"> <tr> <td>City East Falmouth</td> <td>State MA</td> <td>Zip Code 02536</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Treasurer Administration</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City East Falmouth | State MA | Zip Code 02536 | Purpose of Disbursement Treasurer Administration | | <div>001</div> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <div>1000.00</div> |
| City East Falmouth | State MA | Zip Code 02536 | | | | | | | |
| Purpose of Disbursement Treasurer Administration | | <div>001</div> Category/ Type | | | | | | | |
| Candidate Name | | | | | | | | | |
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| Office Sought: | Disbursement For: | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | |
| State: District: | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Elizabeth R. Young | Transaction ID: D308735 Date of Disbursement | | | | | | | | |
| Mailing Address 40 Waquoit Landing Rd. | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 9</div> </div> | | | | | | | | |
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| City East Falmouth | State MA | Zip Code 02536 | | | | | | | |
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| Office Sought: | Disbursement For: | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | |
| State: District: | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Elizabeth R. Young | Transaction ID: D308733 Date of Disbursement | | | | | | | | |
| Mailing Address 40 Waquoit Landing Rd. | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 0 9</div> </div> | | | | | | | | |
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| City East Falmouth | State MA | Zip Code 02536 | | | | | | | |
| Purpose of Disbursement Treasurer Administration | | <div>001</div> Category/ Type | | | | | | | |
| Candidate Name | | | | | | | | | |
| <table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table> | Office Sought: | Disbursement For: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | | | | |
| Office Sought: | Disbursement For: | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | |
| State: District: | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) JYP Consulting | Transaction ID: D308736 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 303 Massachusetts Av. NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consultant fee for our PAC (Fundraising) Candidate Name | <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) JYP Consulting | Transaction ID: D308728 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 303 Massachusetts Av. NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consultant fee for our PAC (Fundraising) Candidate Name | <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) NGP Software | Transaction ID: D308724 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 5505 Connecticut Av NW | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 1 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20015 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Computer Support (Gen PAC EXP) Candidate Name | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table> | 150.00 | | | | | | | | | | | | | | | | | | | |
| 150.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

A.

Full Name (Last, First, Middle Initial)
NGP Software

Mailing Address 5505 Connecticut Av NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Computer Support (Gen PAC EXP)

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308734

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

10300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) BENNET FOR COLORADO | Transaction ID: D308726 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1900 GRANT STREET SUITE 1170 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City DENVER State CO Zip Code 80203 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Michael F. Bennet | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter | Transaction ID: D308742 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 236 MASSACHUSETTS AVENUE NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Arlen Specter | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE | Transaction ID: D308741 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 620062 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City MIDDLETON State WI Zip Code 53562 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Russell D. Feingold | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement
Contributions to Candidates-Fed

Candidate Name
Harry Reid

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: NV District: Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D308732

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement
Contributions to Candidates-Fed

Candidate Name
Harry Reid

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: NV District: Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308723

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement
Contributions to Candidates-Fed

Candidate Name
Christopher J. Dodd

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: CT District: Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D308738

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD | Transaction ID: D308739 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 270701 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City WEST HARTFORD State CT Zip Code 06127 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Christopher J. Dodd | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CT District: <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) HODES FOR SENATE | Transaction ID: D308731 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 26 SOUTH MAIN STREET #253 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City CONCORD State NH Zip Code 03301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Paul W. Hodes | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NH District: <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Leahy for US Senate Committee | Transaction ID: D308740 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1042 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Montpelier State VT Zip Code 05601 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to Candidates-Fed | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Patrick Leahy | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: VT District: <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Narragansett Bay PAC

A. Full Name (Last, First, Middle Initial)
ROBIN CARNAHAN FOR SENATE

Mailing Address PO BOX 50378

City ST LOUIS State MO Zip Code 63119

Purpose of Disbursement
Contributions to Candidates-Fed

Candidate Name
Robin Carnahan

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MO District: Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308730

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
ROBIN CARNAHAN FOR SENATE

Mailing Address PO BOX 50378

City ST LOUIS State MO Zip Code 63119

Purpose of Disbursement
Contributions to Candidates-Fed

Candidate Name
Robin Carnahan

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MO District: Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308743

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

36000.00